

1400 S. Flores San Antonio, TX 78204 www.sanantonio.gov/NHSD/Programs/Repair 210-207-6459



If you have submitted an application in 2019, there is no need to reapply as your application is still under review.

- 1. The **UNDER 1 ROOF PROGRAM** fully replaces worn and damaged roofs with new, energy-efficient asphalt shingle roofs for qualified homeowners.
- 2. If qualified, the City of San Antonio will place a **RESTRICTIVE COVENANT**, signed by homeowner(s), requiring homeowner(s) to <u>maintain property as a homestead and continue to pay property taxes for **FIVE YEARS** from project completion.</u>
- 3. Applications are accepted and processed until funding is exhausted.

## PROGRAM ELIGIBILITY REQUIREMENTS

Property must be within San Antonio city limits (Districts 1-10)					
Must have a current year Homestead Exemption on the property					
Property taxes must be current (or must have proof of payment plan or deferral)					
Be a US citizen or Legal Resident					
Property must be <b>SOLELY</b> owned and occupied (all owner(s) must reside there)					
Home must be less than 1700 sq. ft.					
Must meet established HUD Income limits guidelines, or be over 62, or disabled or a Veteran Gross income must not exceed 80% of the Area Median Income (AMI)					
Property <b>CANNOT</b> have Metal Roof, Gravel Roof, Clay Tiles, or Wood Shingles					

#### **HUD 2019 Income Limits**

Family Size	1	2	3	4	5	6	7	8
Annual Income	39,800	45,450	51,150	56,800	61,350	65,900	70,450	75,000

## APPLICATION CHECKLIST

# All applications MUST contain the following: (Incomplete applications will not be accepted)

- Completed & Signed Application
- Copy of Property Insurance declaration page IF currently insured
- **CURRENT** Picture ID or Driver's License for all homeowners
- 3 MONTHS WORTH of current paystubs for all occupants in household (must be current and consecutive)

ONLY IF SELF-EMPLOYEED: Copy of most recent Income Tax Return

- CURRENT Award Letter from Social Security, Retirement Benefits, or Child Support
- **CURRENT** Award Letter for any state or federal assistance program. Provide documentation from the supportive agency stating the current amount being received or awarded for all occupants. (SNAP, TANIF, Medicaid, Etc.)

## Steps -

- Fill out and turn in complete application.
- All applications will be reviewed in order of application date by district.
- Application is reviewed for completeness, homestead exemption, current taxes, and square footage.
- Based on application date, title review will be processed to confirm 100% ownership of the home.
- After title clearance is confirmed, application will be reviewed for income verification and insurance confirmation, when applicable.
- Homeowner will be contacted by phone or letter regarding application approval or denial.
- Once homeowner is qualified, contractor will review the roof and create an estimate of materials and cost.
- If estimate is approved, the homeowner will be contacted to sign the Program Agreement and Restrictive Covenant before work can be completed.
- Contractor will complete the roof replacement, and Restrictive Covenant will become active for five years.

# **UNDER 1 ROOF - FRENQUENTLY ASKED QUESTIONS**

- 1. To apply:
  - Come in to 1400 S. Flores to fill out an application
  - Print application at www.sanantonio.gov/nhsd/programs/repair
  - If applicant is disabled, someone may pick up / drop off application and documents for them, but they must sign the application (OR we can mail them an application)
- 2. Please allow up to <u>six months</u> for application processing. The program is first come first serve and demand is high. There are many applications on the list for service.
- 3. There is no need to reapply if you have submitted an application in 2019. It is still under review.
- 4. This program is **NOT** an emergency roof replacement program.
- 5. There will be a <u>five-year Restrictive Covenant</u>, where homeowner must maintain property as their homestead, and maintain property taxes, but they are not required to pay anything for the roof unless program agreement is violated.
- 6. Applicant will hear a response from us either by letter or phone call when paperwork is finished processing or if they do not qualify.
- 7. Must have 100 percent ownership of property and all owners must live in the home.
- 8. Income limits per household size are listed on application.
- 9. Income documents required for all household members over age of 18:
  - Three **months** paystubs and/or 2019 awards letter for Social Security or retirement, etc. or the most recent two years tax returns
  - If applicant is over the age of 62, disabled, or a veteran, they are not required to bring in income documentation, and may be over income and still qualify
- 10. Must be within San Antonio city limits, District 1 10.
- 11. Must have current year Homestead Exemption.
- 12. Must have property taxes paid an account with deferred taxes or repayment plan are acceptable, but homeowner must bring in proof of payment plan.
- 13. Cannot have current federal or state tax liens or child support judgments.
- 14. Property must have less than 1,700 square feet of living area.
- 15. Must bring in copies of ID for homeowners (we can make copies).
- 16. Must bring in home insurance declaration page, with policy date and insurance phone number. We will be checking with insurance if any claims have been made in the last five years. If large claims have been made and paid, applicant may not qualify.
  - If applicant does not have home insurance, it is not necessary to have for application
- 17. No metal, gravel roofs, clay tiles, or wood shingles.



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## RESTRICTIVE COVENANT ACKNOWLEDGEMENT

NAME:\_\_\_\_\_

ADDRESS:
If qualified, I understand the City of San Antonio will place a Restrictive Covenant, signed by myself as the homeowner, requiring homeowner(s) to maintain property as a homestead for five years from project completion. I understand the property taxes are required to be paid each year for five years from project completion. I understand that if the terms of the Restrictive Covenant are violated, the homeowner(s) will be required to immediately repay a prorated portion of the Grant Funds, calculated by reducing the total Grant Funds by one-fifth (1/5) for each full year that the homeowner(s) complied with each and every provision of the Restrictive Covenant.
I have read and understand the above:
Homeowner - Signature and Date
Homeowner - Signature and Date



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## CONSENT TO RELEASE INFORMATION & PHOTOGRAPHS

ADDRESS:						
In connection with the Neighborhood and Housing Service Department and as part of the						
application process for services, I hereby authorize the release of my information to the <u>City</u>						
of San Antonio, Neighborhood and Housing Services Department (City).						
The information requested will assist me to qualify for City Program(s). A copy of this						
authorization may be accepted as an original.						
In addition, I grant City staff or representative, the right in perpetuity and without						
compensation to me, to take photographs of my property and the use of photographs for						
program illustration, advertisement, and other City marketing efforts including publications on						
the City's website, brochures, and presentations.						
I have read and understand the above:						
Homeowner - Signature and Date						
Homeowner - Signature and Date						

NAME:

## Office Use Only:

Square footageTaxesHomesteadDistrict



## **UNDER 1 ROOF PROGRAM APPLICATION**

Гoday's Date:				My Council District:			
APPLICANT'S NAME:			DATE OF BIRTH:	CO-APPLICANT	Γ:	DATE OF BIRTH:	
ADDRESS (CITY	Y, STATE & <u>ZI</u>	PCODE):					
PHONE#:				2 <sup>nd</sup> PHONE#:			
DRIVER'S LICENSE/ID: SOCIAL SECU		RITY:	DRIVER'S LICENSE/ID:		SOCIAL SECURITY:		
Do you have h	ome insuran	ce? : Yes	or No				
US citizen or permanent resident: Yes or No Are you disabled: Yes or No Are you a veteran: Yes or No Are you over the age of 62? Yes or No What is your Race: Are you Hispanic: Yes or No List Gross Monthly Income and describe any "Other" income (child support, food stamps, etc.)  APPLICANT  List Gross Dollar Amount Below:			Are you disabled: Are you a veteran: Are you over the age of 62? What is your Race: Are you Hispanic: Yes Yes Yes			or No or Wo or "Other"	
Employment: Social Security:	\$			Employment: Social Security:	\$		
Retirement: VA, Civil	\$			Retirement:	\$		
Service: OTHER:	\$			Service:  OTHER:	\$		
TOTAL INCOME:	\$			TOTAL INCOME:	\$		

<u>INITIAL</u> below to acknowledge the following information:						
Under 1 Roof funds are a ONE-TIME GRANT <u>not to exceed \$14,000</u> per household.						
If qualified, I understand COSA will place a Restrictive Covenant; requiring me to maintain property as my homestead for <u>five years</u> from project completion.						
I understand my property may be fou	I understand my property may be found unfeasible if not within the program guidelines.					
I understand property insurance documentation should be provided but is not a requirement to apply for assistance. If unable to purchase property insurance due to the current condition of the property, insurance may be purchased after completion of the project.						
I certify that I have not made an insur	rance clai	m for my roof in the	last 5 years			
I give the City permission to share my application with CPS Energy or AACOG to be considered for energy efficient programs: such as the Weatherization Program. I understand that I may be contacted by CPS Energy or AACOG staff.  Yes No Parks and Recreation Department at no cost to me, but I will be responsible for the care and maintenance of the tree.						
How many people live in the house?		In the area below, p household members	rovide information for all s.			
NAME	AGE	RELATIONSHIP	GROSS MONTHLY INCOME			
Do you have children ages 1-5 residing in the home or spent at least 6 hours per week in the home?  If so, would you be interested in being referred to the Green & Healthy Homes? Yes No						
APPLICANT'S CERTIFICATION: I certify that all information given and furnished in this application is given for the purposes of obtaining assistance through this program. I also certify that all information is true and correct to the best of my knowledge and belief. I authorize the City of San Antonio to contact any source to solicit and/or verify information necessary for any eligibility determination for the purpose of the program. I certify that I am the owner and occupant of the property to be repaired and that the property is my principal residence. I understand that any discrepancy or omission in the information provided may disqualify me from participation in the program.						
Applicant's Signature I	Date	Co-Applicant's Sigi	nature Date			